

CITY OF DETROIT BENEFIT ADMINISTRATION OFFICE NOTIFICATION

ATTENTION ALL ACTIVE EMPLOYEES

2015 OPEN ENROLLMENT PERIOD

For Medical, Dental, Life Insurance and Flexible Spending Accounts

November 10 to November 21, 2014

DEADLINE TO SUBMIT PLAN CHANGES

Friday, November 21, 2014

**EFFECTIVE DATE FOR ALL
CHANGES MADE DURING
OPEN ENROLLMENT**



WHERE TO SUBMIT INFORMATION **ALL EMPLOYEES MUST ENROLL ONLINE:**

JANUARY 1, 2015

Go to: www.mydetroitbenefits.com (Available 24 hours)

OR BY PHONE: 1-855-224-6200

Available Monday – Friday 8:30am – 7:00pm EST

What are my Options & How Much Does it Cost?

The enclosed Health Care Plan Options Booklet provides eligibility requirements and summarizes the health care plans in a comparison format. The employee contribution sheet below provides premium cost sharing amounts that you will begin paying effective January 1, 2015 for coverage under the various plans.

Please Take This Opportunity To:

- Review all medical, dental and flexible spending account needs for you and your family.
- Add, remove dependents, switch to other health care plans or enroll in opt out program.
- Log-in to www.mydetroitbenefits.com or call 855-224-6200 to complete online enrollment.

DEPARTMENT PRESENTATIONS

Representatives from the City offered medical and dental plans will be visiting a number of work locations throughout the City and the Benefits Administration Office to provide additional information and respond to your specific questions regarding health care benefits. Please see the attached schedule for dates, times and locations. Your supervisor's approval is required to attend health care presentations during working hours.

2015 EMPLOYEE CONTRIBUTIONS

BCBSM COMMUNITY BLUE PPO	TOTAL MONTHLY PREMIUM	CITY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE BI-WEEKLY	EMPLOYEE WEEKLY
SINGLE	\$ 389.72	\$ 311.78	\$ 77.94	\$ 35.97	\$ 17.99
2-PERSON	\$ 818.42	\$ 654.74	\$ 163.68	\$ 75.55	\$ 37.77
FAMILY	\$ 1,091.22	\$ 872.98	\$ 218.24	\$ 100.73	\$ 50.36

HEALTH ALLIANCE PLAN	TOTAL MONTHLY PREMIUM	CITY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE BI-WEEKLY	EMPLOYEE WEEKLY
SINGLE	\$ 474.15	\$ 379.32	\$ 94.83	\$ 43.77	\$ 21.88
2-PERSON	\$ 995.72	\$ 796.58	\$ 199.14	\$ 91.91	\$ 45.96
FAMILY	\$ 1327.63	\$ 1062.10	\$ 265.53	\$ 122.55	\$ 61.28

DENTAL	TOTAL MONTHLY PREMIUM	CITY PAYS MONTHLY	EMPLOYEE PAYS MONTHLY	EMPLOYEE BI-WEEKLY	EMPLOYEE WEEKLY
SINGLE, 2-PERSON OR FAMILY	\$ 61.08	\$ 48.86	\$ 12.22	\$ 5.64	\$ 2.82

What If I Don't Want To Make Changes?

If you do not complete the mandatory enrollment process and;

- (1) you are currently enrolled in medical, dental, or vision coverage, your current coverage will continue for 2015 in accordance with the chart below. If your spouse and/or dependent children are currently enrolled in your medical, dental or vision coverage, their current coverage will continue for 2015. Please see the chart below for the 2015 plan defaults.
- (2) you are a Police and Fire employee and you would like to keep the \$5,000 per life insurance benefit for your dependent for 2015, you must complete the enrollment process to select this coverage.
- (3) you are enrolled in the Health Care or Dependent Care Flexible Spending Account or Commuter Plan. You must re-elect your contribution for 2015. If you make no election during the Open Enrollment period, you will be defaulted to an election of \$0.
- (4) If you receive the medical opt-out credit and would like to continue to receive it in 2015, you must log in to select this coverage and complete the form.

Current 2014 Plan	New 2015 Plan	New 2015 Coverage
Community Blue PPO	Community Blue PPO	Same as 2014
HAP HMO	HAP HMO	Same as 2014
BCBS Dental	BCBS Dental	Same as 2014
Heritage Vision	Heritage Vision	Same as 2014
Basic Employee Life Insurance	Basic Employee Life Insurance	Same as 2014
Optional Employee Life Insurance	Optional Employee Life Insurance	Same as 2014
Optional Employee Dependent Life	Optional Employee Dependent Life	Same as 2014
Health Care Flexible Spending Account	None	None
Dependent Care Flexible Spending Account	None	None
Commuter Plan	None	None
Medical Opt-Out Credit	None	None
No Coverage	No Coverage	Same as 2014

If you have questions, please call the Benefit Administration Customer Service Line at (855) 224-6200, Monday – Friday, 8:30 a.m. – 7:00 p.m. Eastern. Due to the high number of calls received during the open enrollment period, you will be asked to leave a message. Your call will be returned in the order in which it was received. Please be sure to leave your name and a phone number in your message, otherwise your call cannot be returned.

NOTES:

All employees must select a life insurance beneficiary during the open enrollment period.

Vision coverage is a two year election. You may not enroll in or make changes to your vision coverage during 2015 enrollment.